U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6535	2. Fiscal Year Covered From:			
	1 / 1 / 04 Through: 12 / 31 / 04			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name George M. Maury	Name Laborers' Local Union #1149			
	Labor Organization File Number D27 525			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street HC 61, Box 45 A	Street 98C East Cove Avenue			
City New Martinsville	City Wheeling			
State WV ZIP Code + 4 26155-9785	State WV ZIP Code + 4 26003-5080			
5. Position in labor organization. Vice-President				
A. Held an interest in engaged in transactions (including loans) with an	sions set forth in the instructions):			
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount,			
City	00.00			
State ZIP Code + 4				
Signa Signa	ture			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Heory & Blaury	On 7-6-05 304-386-4771			
Form I M 20 (2002)	Date Telephone Number			

Name of Person Filing George M. Maury	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or ott of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business ctively seeking to represent, or indirectly to or otherwise			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	on		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street				
City	11.b. Approximate dollar value	of such dealing.		
State ZIP Code + 4	12.a. Nature of interest held of	or income received.		
	12.b. Amount.	00.00		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Trade Name, if any:				

14.b. Amount of payment.

Form LM-30 (2003)

Street

City

State

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

00.00